

**South Carolina Department of Disabilities and Special Needs  
Early Intensive Behavior Intervention Provider  
Application**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**List area of Provider Qualification:**

Highest Degree Earned: \_\_\_\_\_ Year: \_\_\_\_\_

School: \_\_\_\_\_ Major: \_\_\_\_\_

BABC Level and Certification # (if applicable): \_\_\_\_\_

Years of experience: \_\_\_\_\_

Type of experience: Independent Practitioner / Supervised Clinician

Briefly explain applicable experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Responsibilities:**

Current position: \_\_\_\_\_

Classification of individuals served: \_\_\_\_\_

## Programming Approach:

Methodological Approach: \_\_\_\_\_

Briefly describe behavioral principles that are applicable to your programs: \_\_\_\_\_

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Have you ever been convicted of a criminal offence? Yes ☐ No ☐

Note: Omit minor vehicle violations and any offense committed before your 17<sup>th</sup> birthday, which was finally adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar to becoming a provider in all cases. Each conviction is evaluated individually.

If yes, please list charge(s): \_\_\_\_\_

\_\_\_\_\_

Location of conviction	Date	Disposition / Status
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Please attach a current curricula vita **and** 1) an educational / behavioral testing evaluation (preferably the ABLLS), 2) an educational program or program example to include data / graphs and progress updates and, 3) a Behavioral Support Plan to include a Functional Assessment for which you have written / developed and implemented for an individual with a Pervasive Developmental Disorder. Any additional information may also be attached.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certification of Applicant: by my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentation, falsification, or material omission of information on this application may result in exclusion from further consideration or if approved, termination of provider status.

Mail application and attachments to:

Department of Disabilities and Special Needs – Autism Division

ATTN: Daniel Davis

3440 Harden Street Ext. / PO Box 4706

Columbia, South Carolina 29240